

ARIZONA STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
STANDARD CERTIFICATE OF BIRTH

225a
State File No. _____
Registered No. 154

1. PLACE OF BIRTH

County Gila State Arizona
District or Township _____ or Village _____
City Globe No. Gila County Hosp. Ward _____
(If birth occurred in a hospital or institution, give its NAME instead of street and number)

2. Full name of child Kenneth Clarence Worden, Jr. { If child is not yet named, make supplemental report, as directed.

3. Sex of Child male To be answered ONLY in event of plural births. 4. Twin, triplet or other _____ 5. No., in order of birth _____ 6. Legitimate? yes 7. Date of birth July 29, 1930
Month Day Year

8. FATHER
Full name Kenneth Clarence Worden

14. MOTHER
Full maiden name Beatrice Joy Frederick

9. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.

15. Residence (Usual place of abode) Globe Ariz
If non-resident, give place and state.

10. Color or race white 11. Age at last birthday 21 (Years)

16. Color or race White 17. Age at last birthday 24 (Years)

12. Birthplace (city or place) Globe Ariz
(State or country)

18. Birthplace (city or place) Tombstone Ariz
(State or country)

13. Occupation
Nature of industry Stationery Engineer

19. Occupation
Nature of industry Housewife

20. Number of children of this mother. 1 (Taken as of time of birth of child herein certified and including this child.) (a) Born alive and now living 1 (b) Born alive but now dead 0 (c) Stillborn _____ 21. Were precautions taken against ophthalmia neonatorum? yes

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was alive at 8:15 P m. on the date above stated
(Born alive or stillborn)

* When there was no attending physician or midwife, then the father, householder, etc., should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

Signature C. W. Adams
Physician
(Physician or midwife)

Given name added from a supplemental report _____ Address Box 636 Globe, Ariz

Month, day, year _____ Filed 8/9, 1930 G. E. Wightman Registrar

N. S. - 11 C-1, if more than one child at a birth, a SEPARATE RETURN MUST BE MADE FOR EACH, WITH THE NUMBER OF CHILD ORDER OF BIRTH STATED.

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